

File Original and First Copy with
Department of EcologySecond Copy—Owner's Copy
Third Copy—Driller's Copy**WATER WELL REPORT**

STATE OF WASHINGTON

Start Card No. 1071Water Right Permit No. 32.3-21 Q

(1) OWNER: Name RON Bollinger Address 16709 NE. 172nd PL Woodinville WA, 98072

(2) LOCATION OF WELL: County Island SW SE Sec. 21 T. 32 N. R. 3 W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 810 N. Rekdal Rd. Camano Is., Wa.

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ DeWater ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) _____
 Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
 Deepened ☐ Cable ☒ Driven ☐
 Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
 Drilled 149 feet. Depth of completed well 149 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 * Diam. from +1' ft. to 146 ft.
 Welded ☒ * Diam. from _____ ft. to _____ ft.
 Liner installed ☐ * Diam. from _____ ft. to _____ ft.
 Threaded ☐

Perforations: Yes ☐ No ☒

Type of perforator used _____
 SIZE of perforations _____ in. by _____ in.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name Smith
 Type Stainless Model No. _____
 Diam. 5 Slot size 12 from 144 ft. to 149 ft.
 Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel _____
 Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 20 ft.
 Material used in seal Bentonite

Did any strata contain unusable water? Yes ☐ No ☒
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(7) PUMP: Manufacturer's Name N/A
 Type _____ H.P. _____

(8) WATER LEVELS: Land surface elevation 110 ft.
 above mean sea level _____ ft.
 Static level 111 ft. below top of well Date 1/3/92
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes ☐ No ☒ If yes, by whom? _____
 Yield _____ gal./min. with _____ ft. drawdown after _____ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
 Time Water Level Time Water Level Time Water Level

Date of test _____
 Bailor test 20 gal./min. with 8 ft. drawdown after 2 hrs.
 Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
Topsoil	0	2
hardpan	2	33
Sand	33	100
gravel	100	115
Coarse Sand + water	115	149

RECEIVED**JAN 09 1992****DEPT. OF ECOLOGY**

Work started 12/30/91, 19 _____ Completed 1/3, 1992

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Kounkel Well Drilling
 (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 997 N. Smith Rd. Camano Is. Wa.

(Signed) Andy Kounkel License No. 1892
 (WELL DRILLER)

Contractor's Registration No. KOUNKWOOD99KT Date 1/4, 1992

(USE ADDITIONAL SHEETS IF NECESSARY)





Well Tagging Form

Unique Well Tag No:

AGA⁵10

SO1

RECORD VERIFICATION (check ☒ one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name CAMANO ISLAND DENTAL CTR Last Name _____

Street Address 01867-8 Same

City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address _____

City Same County _____

T _____ N R _____ W M Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude N 48° 14 411 "

Longitude W 122° 25 545 "

- ☒ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated

Elevation at land surface _____ feet/meters (circle one)

- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

Additional information, if available

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing type of well housing etc)

10" CASING, TNC WELL, NO HOUSING OVER WELL -SITS IN FIELD BEHIND

DENTAL OFFICE

Location of Well identification Tag

AROUND CASING

Was supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

If yes where was tag placed?

Scale 1 24 000 (1' = 2 000)

Indicate the location of the well within the Section by drawing a dot at that point

SECTION 21 N

D	C	B	A
E	F	G	H
M	L	K	J
N _q	P	Q	R

COMMENTS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right # _____

Date Issued _____

Circle One

Application

Permit

Certificate

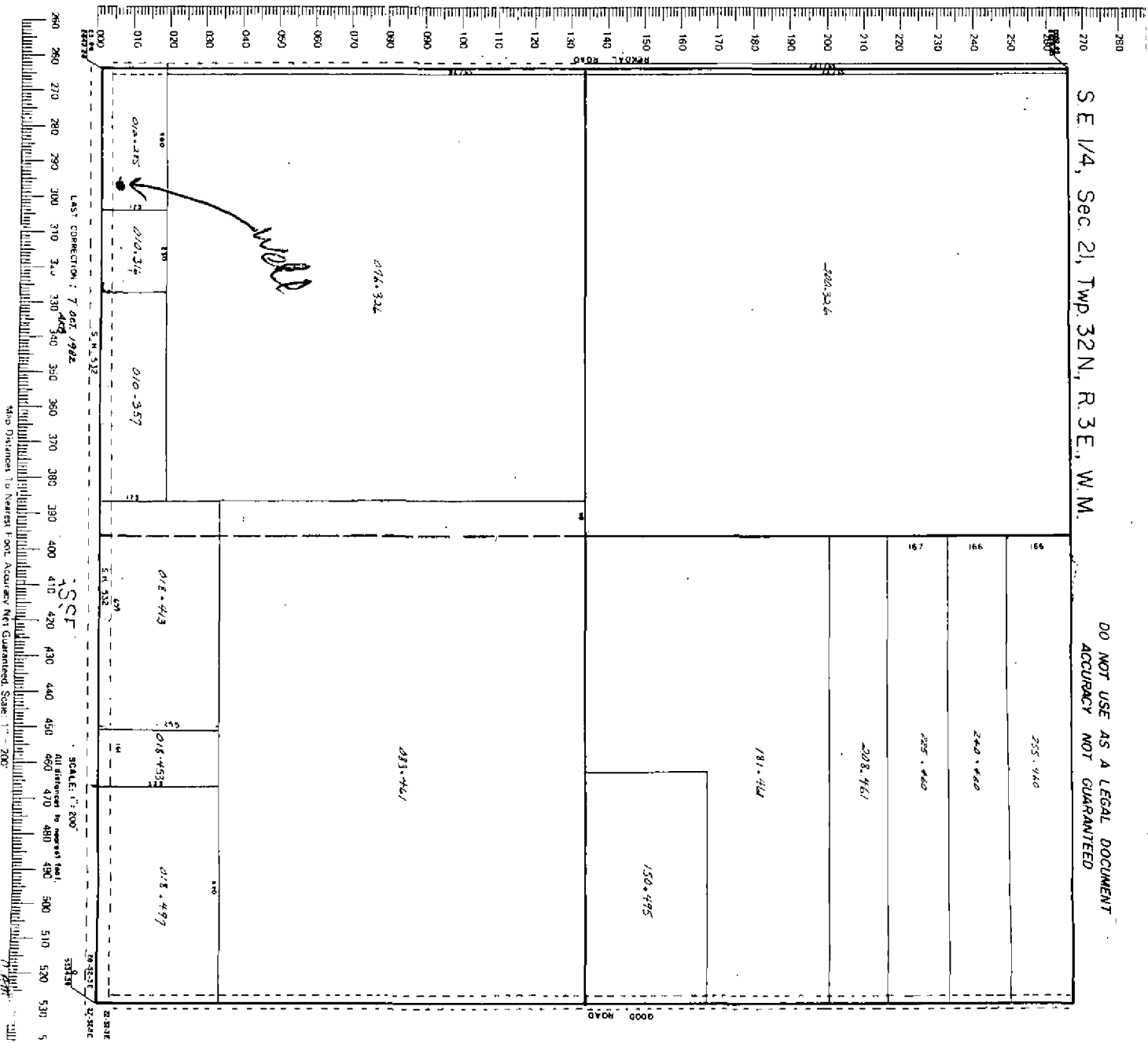
Claim

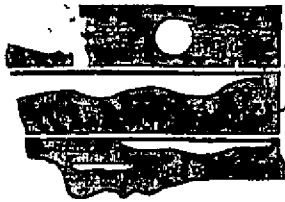
Exempt

666
SE 21-34-3E

S E 1/4, Sec 21, Twp 32 N, R 3 E, W M.

DO NOT USE AS A LEGAL DOCUMENT
ACCURACY NOT GUARANTEED





WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Unique Well Tag No:

AG 10

SO1

RECORD VERIFICATION (check ☒ one)

☒

Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)

☐

Verification inconclusive

☐

Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name CAMANO ISLAND DENTAL CTR

Last Name

Street Address

01867-8

Same

City

State

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address

City

County

T N R WM Sec 1/4 of the

FOR AGENCY USE ONLY

Latitude N 48° 14 411

Longitude W 122° 25 545

☒

GPS

☐

Topographic Map

☐

Survey

☐

Computer generated

☐

Digital Altimeter

☐

Topographic Map

☐

Other

Additional information, if available

☐

Location marked on topographic map (please attach)

☐

Location marked on air photo (please attach)

Well Tag missing - replaced with BAA 997



Well Tagging Form

Unique Well Tag No: BAA 997

RECORD VERIFICATION (check ☒ one)



Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you).

If a well report is not available, please complete a "Water Well Report for an Existing Well" form. This form is available at Ecology's headquarters office. **Do not use this form for wells that do not have a Water Well Report.**

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: CAMANO ISLAND Last Name: DENTAL CENTER

Street Address: 810 N. Rekdal Road

City: Camano Island State: WA 98282

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: (same address, corner of state highway 532 and Rekdal Rd.)

City: _____ County: _____

T. 32 N. R. 3E W.M. Sec. 21 SW $\frac{1}{4}$ of the SE

Latitude _____

Longitude _____

Elevation at land surface 103 feet/meters (circle one)

SEE BACK SIDE OF PAGE...

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AUG 18 2009

Dept of Ecology
WR-NWRO

RECEIVED

AUG 18 2009

Dept of Ecology
WR-NWRO

WELL CHARACTERISTICS

Location of Well identification Tag:

Strapped to well casing - with stainless steel clamp
In lawn, (no well house) Southeast of Dental Clinic

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Scale 1:24,000 (1" = 2,000')

Indicate the location of the well within the Section by drawing a dot at that point

SECTION

21

COMMENTS:

Well

This well tag replaces well tag AGASIO (originally
secured with a synthetic "zip-tie", now missing.

Replacement well tag is BAA 997

Well Report Change Form

Record any changes made to the well report record on this form.

Fields marked with an asterisk (*) are required.

Ecology Well Trackers: Append this form to the well report image and file with the original well report.

This Well Report has been changed on: 12 / 14 / 12
*Month *Day *Year

Well Information/Location:

*☒ Not in Notice of Intent System (NITS) *☐ Notice of Intent System (NITS) Log ID # _____

*Regional Office: ☐ CRO ☐ ERO ☒ KNWRO ☐ SWRO

*Well Type: ☒ Water Well ☐ Resource Protection Well

*Notice of Intent Number: _____ *Unique Ecology Well ID Tag Number: BAA 967

Original Property Owner Name: Ron Bollinger / Camano Island Dental Center

Well Site Street Address: _____ City: _____ County: _____ Zip: _____

*Tax parcel number _____

*Township 32N *Range 3E *☒ or *W ☐ *Section 21 *in the SW 1/4 of *SE 1/4

Well Head Elevation _____ (feet above mean sea level)

Reporting Lat/Long Measurements:

Latitude _____ Decimal Degrees (valid range is 45.33186 to 49.11587)

Longitude _____ West Decimal Degrees (valid range is 116.91148 to 124.70419)

Horizontal Collection Method _____ Vertical Collection Method _____

Horizontal Collection Datum Type _____ Vertical Datum Type _____

Original Reported Type of Work:

*Well Construction: ☒ Well Decommissioning: ☐

*New Well ☒ Alteration of existing well ☐

Well Report Received Date: 1/9/1992 Well Completed Date: 1/3/1992

Well Diameter (inches): 6 Well Depth (feet): 149

Water Level Details

Static Water Level

Measured Level (below top of well) 111 feet _____ inches

Date Measured 1/3/92 (e.g. 4/5/2012)

Flowing Artesian

Gallons Per Minute Equal To _____ g.p.m.

Artesian Pressure _____ p.s.i.

Date Measured _____ (e.g. 4/5/2012)

Artesian Water Controlled By _____ (e.g. cap, valve, etc.)

Driller Information

Driller License Number: 1892 Trainee License Number: _____ Other (specify): _____

Change Information

*Person Requesting Change: Win Sherman Contact Phone Number: () _____

*Reason For Change: Wrote wrong well tag # on Tagging form

*Tracker Signature: Andrew Harris

Harris, Arlene (ECY)

From: Vin Sherman [VinS@co.island.wa.us]
Sent: Thursday, December 13, 2012 1:57 PM
To: Harris, Arlene (ECY)
Cc: Doug Kelly
Subject: Another Well tag correction

Hi Arlene.

I find that I have goofed up. This is the first time ever because I have never made a mistake before in my life.

I just did a survey of Sandberg Water Association a couple of weeks ago.

One of their wells has the tag BAA997.

When I checked to see if that well is listed on your web site I found that two wells are listed as BAA997. I verified that the Sandberg well actually has the tag BAA997 attached to the well casing.

In the DoE web site it pulls up two wells when I enter BAA997. One is the Sandberg well and the other is the Camano Island Dental Center.

I asked the contract water operator for the Camano Island Dental Center to go look at the well tag on the Dental Clinic's well. He reported back to me that the tag on that well is BAA967.

When I did a survey of the Camano Island Dental Clinic a couple of years ago the original well tag was missing (it had been originally installed with a plastic "zip tie"), so I put on a new well tag (with a more durable stainless steel strap). It is embarrassing to see the well log on your web site shows a well tagging report (in my handwriting) that shows the Camano Island Dental Clinic well tag as BAA997. OOPS!!!! The actual well tag on that well is BAA967. Somehow I got one of the numbers upside-down when I prepared the tagging report I sent to you.

Can you make the correction without receiving a new well tag report, or would you prefer that I send you a new report?

Thanks,

Vin Sherman, RS, MHS
Drinking Water Program Coordinator
Island County Health Department